

27 de mayo de 1995

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Mr. Miguel Castro
 Dept. de Seguros
 Popular Leasing
 Hato Rey, P.R.

Estimado señor Castro:

Adjunto certificado de seguros a favor de Popular Leasing - correspondiente a la póliza PAP-CD6569-58 efectiva desde 9-9-94 hasta 9-9-95.

Además adjunto carta emitida por International Insurance Corp. de fecha 7 de mayo de 1995 certificando el pago en su totalidad de la póliza.

Con fecha ~~09-05-94~~ hasta ~~09-05-95~~ ustedes insurten certificado de seguro a través de Preferred Risk Ins. Co., cuando entiendo que esto se refiere ya que mi póliza se reanuda emitida desde el día 1 del mismo mes, es decir con 16 días de antelación a la de ustedes. Le incluyo copia del certificado de Preferred Risk.

Además incluyo copia del cheque 0943 por la cantidad de 398.59 correspondiente al pago de la unidad para el mes de abril de 1995. El cual como usted, fue cobrado por ustedes.

Espero toda esta información sirva para sus propósitos y pueda de una vez y por todas dejar resuelto cualquier duda referente en relación a pagos y cobertura de seguro de la unidad.

Exhibit G

Margaret Arana

RECIBIDO

Fecha 27/5/95

Popular Leasing

Corfio en sus buenos oficios para
dejar resuelto ya este asunto en el
mes del 31 de junio de 1995.

En caso de ustedes no poder
resolver, tendré que tomar otro tipo de
acción.

Gracias por la atención que pueda
dar a este asunto.

Cordialmente,
Ana D. CERN

P.D. Agradeceré me comuniquen por escrito
la decisión final sobre el particular.



PUERTO RICAN-AMERICAN
INSURANCE COMPANY



PREFERRED RISK
INSURANCE COMPANY



PAN AMERICAN
INSURANCE COMPANY

18 de junio de 1996

RECEIVED
96 JUN 21 PM 3:11
POPULAR LEASING
INSURANCE

Sra. Lizzie Espiet
Popular Leasing
Departamento de Seguros y Licencias
P.O. Box 50045
San Juan, P.R. 00902

Estimada señora Espiet:

RE: ANA R. OLIVELLA RIVERA
BAP-7607781 CERT.#00402
C#07686 U#08337

Deseamos informales que la unidad 1992 Nissan con número de motor M#-JN1FU21PNX901827 estuvo cubierta bajo el certificado de referencia por el término 09/25/93 - 94, 09/25/95 a 05/30/95 fecha en que fue cancelada.

Espero la información antes mencionada sea de su conformidad.

Atentamente,

Aida Luz Mulero
Supervisora Auxiliar
Departamento de Contingencia Unidad Leasing

ALM/rr





AUTOMOBILE INSURANCE CERTIFICATE

Certificate No. 0000402

Policy No. BAP7607781

PAGE 01 OF 01

ITEM ONE NAMED INSURED & ADDRESS

ANA R OLIVELLA RIVERA
Y POPULAR LEASING
PO BOX 50045
SAN JUAN PR

000903

FORM OF NAMED INSURED'S BUSINESS:

☒ CORPORATION; ☐ PARTNERSHIP; ☐ INDIVIDUAL OR

☐ OTHER:

NAMED INSURED'S BUSINESS:

VEHICLE AND EQUIPMENT LEASING

Certificate Period:

From: 09/25/94 To: 09/25/95

12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This certificate provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from ITEM THREE next to the name of the coverage. The limit of the company's liability against each such coverage shall be stated herein subject to all the terms of this policy having reference thereto.

COVERAGES		COVERED AUTOS <small>(Entry of one or more of the symbols from ITEM THREE shows which autos are covered autos)</small>	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY INSURANCE					
<u>Bodily Injury</u>					
Property Damage		7	\$100,000 each person \$300,000 each accident \$100,000 each accident		AS
Auto Medical Payments Insurance		7	\$2,000		PER
PHYSICAL DAMAGE INSURANCE	Comprehensive Coverage	7	ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS \$500 DEDUCTIBLE FOR EACH COVERED AUTO		ENDORSEMENT
	Specified Perils Coverage				
	Collision Coverage	7	\$500 DEDUCTIBLE FOR EACH COVERED AUTO		TO LEASE
	Towing and Labor	7	\$25 for each disablement of a private passenger auto		AGREEMENT
FORMS AND ENDORSEMENTS CONTAINED IN THIS CERTIFICATE AT ITS INCEPTION:			PREMIUM FOR ENDORSEMENTS		
AS PER MASTER POLICY			TOTAL PREMIUM		

ITEM THREE - Refer to reverse side for DESCRIPTION OF COVERED

AUTO DESIGNATION SYMBOLS 1 through 9. Enter SYMBOL 10 DESCRIPTION here:

ITEM FOUR - SCHEDULE OF COVERED AUTOS

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged			
	Year Model: Trade Name: Body Type Serial Number(s); Vehicle Identification Number (VIN)	Original Cost New	Actual / New(N) Cost / Used(U)					
1	1999 NISSAN	JN1FU21PNX901827	\$19,944	\$19,944	P.R.			
2								
3								
4								
Covered Auto No.	CLASSIFICATION							Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation (In Miles)	Business use s = service r = retail c = comm'l	Size GVW,GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor	Secondary Rating Factor	Coda	
1								POPULAR LEASING
2								
3								
4								

Salesperson	Customer No.	Unit No.
00	07686	08337

Countersigned

By

[Signature]
Authorized Representative

THESE DECLARATIONS TOGETHER WITH THE BUSINESS AUTO POLICY PROVISIONS AND ENDORSEMENTS. IF ANY, ISSUED TO FORM A PART THEREOF. COMPLETE THE ABOVE NUMBERED CERTIFICATE.

POPULAR LEASING